"Wouldn't it be cheaper and more effective for those learning leadership skills to learn them in context?"

Clinical leadership education: the future

It has been impossible to miss the attention given to clinical leadership over the past 10 years.¹ Clinical leadership appears to be needed on the board, in the surgery, and almost everywhere in between. And as the cult of the clinical leader has risen, so too has the cult of the clinical leadership course. With the rush to develop such courses which will in turn develop clinical leaders, scant attention has been given as to whether such courses actually achieve what they are intended to achieve. However, in the past 5 years, some attempts have been made to redress this. There is now increasing attention being paid to how education for clinical leadership is being delivered and the outcomes that it has achieved. This short article takes a critical view of clinical leadership education.

One common feature of clinical leadership education is that the would-be leader is sent on a course. This is typically off-site and expensive, but a more salient problem is that it removes the learner from their environment, their team, and the problems that they will have to solve. Is this necessary? Wouldn't it be cheaper and more effective for those learning leadership skills to learn them in context and to put them into practice for the benefit of their patients and their institution?

The outcome of the leadership course could become not just clinicians with better leadership skills but also clinicians able to take a view of and improve the quality and safety of clinical care at their institution.² And indeed then, clinicians who go a step further than this and start to improve the quality of this care, resulting in education with real returns. An alternative is to complete an online leadership course, however the medium of e-learning is likely to be more useful for learning knowledge aspects of clinical topics than non-clinical topics such as leadership.^{3,4}

Another common feature of leadership courses is that they encourage individuals to develop their own leadership style, and sometimes their own learning style, as they learn to become a leader. However, the concept of leadership styles may turn out to have as little depth as that of learning styles. A good leader is unlikely to have a

single leadership style, they are likely to have a repertoire of styles but should have the acumen to know when particular styles will be most effective: during a cardiac arrest for example, a clinical leader will be entitled to and expected to give direct instructions, a leadership style that is appropriate in this context. However the same style will not work an hour later at an interdisciplinary meeting or the next day at a meeting of the board. Future educational courses in clinical leadership will need to do more to demonstrate to learners what behaviours are most acceptable and effective in different environments.

Leadership courses are typically provided for individuals or groups of individuals. Individuals will often take part in team-based activities while on the course, but at the end of it will return to their home institution and typically never meet let alone work with their fellow learners again. In many ways this is counter-intuitive as most progress and improvement is delivered by leadership teams. It may therefore be healthier and more effective for teams to develop their joint leadership skills together. All team members will thus have a greater insight into why certain actions are necessary and how to respond to certain leadership behaviours.

While it is easy to be critical of current methods of leadership education, there is no question that clinical leaders are needed. Clinical leadership education will have to reform and the current direction of travel of such reform appears to be towards developing collective leadership skills in teams and in context.⁵ This is likely to be both more effective and lower cost.

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